UNITED STATES DISTRICT COURT

for the

| Middle District of Pennsylvania | | |
|--|---|--|
| United States of America v.) DAMIEN BOLAND) Defendant | Case No. 3:23CR149 | |
| ARREST WA | RRANT | |
| To: Any authorized law enforcement officer | | |
| YOU ARE COMMANDED to arrest and bring before a Un (name of person to be arrested) Damien Boland who is accused of an offense or violation based on the following doc | | |
| ✓ Indictment ☐ Superseding Indictment ☐ Informatio ☐ Probation Violation Petition ☐ Supervised Release Violation | 1 | |
| This offense is briefly described as follows: | | |
| 18 USC §371 Conspiracy to Commit Theft of Major Artwork, Cond Transportation of Stolen Property USC §668 Theft of Major Artwork | ceallment and Disposal of Major Artwork and Interstate | |
| Date: 06/06/2023 City and state: Scranton, Pennsylvania | Issuing officer's signature Sylvia C. Murphy, Deputy Clerk Printed name and title | |
| Return | | |
| This warrant was received on (date), a at (city and state) | nd the person was arrested on (date) | |
| Date: | Arresting officer's signature | |
| | Printed name and title | |

This second page contains personal identifiers provided for law-enforcement use only and therefore should not be filed in court with the executed warrant unless under seal.

(Not for Public Disclosure)

| Name of defendant/offender: | | |
|---|----------|---------------|
| Known aliases: | | |
| Last known residence: | | |
| Prior addresses to which defendant/offender may still have ties: | | |
| | | |
| Last known employment: | | |
| Last known telephone numbers: | | |
| Place of birth: | | |
| Date of birth: | | |
| Social Security number: | | _ |
| Height: | Weight: | |
| Sex: | Race: | |
| Hair: | Eyes: | |
| Scars, tattoos, other distinguishing marks: | | |
| | | |
| | | |
| History of violence, weapons, drug use: | | |
| | | |
| Known family, friends, and other associates (name, relation, address, phone number): | | |
| | | |
| FBI number: | | . ' |
| Complete description of auto: | | |
| | <u> </u> | · . |
| Investigative agency and address: | | |
| | | |
| Name and telephone numbers (office and cell) of pretrial services or probation officer (if applicable): | | |
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| Date of last contact with pretrial services or probation officer (if applicable): | | |
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